

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	REQUEST FOR TAX REFUND OFFSETS	CASE NO.
--	---------------------------------------	-----------------

Federal and state law provide for collecting overdue child support from tax refunds of persons (payers) ordered to pay support. If you want us to try to collect support owed to you from the payer's tax refunds, you must agree to the conditions listed below. You must also provide us with current information about yourself, the payer, and the child(ren). Please read the following conditions carefully. If you decide you want this service, fill in the form on the other side of this notice, sign it, and return it as follows:

BY:

TO:

Friend of the Court

Do NOT return the form if you do NOT want us to collect support owed to you from the payer's tax refund.

CONDITIONS

1. There is no guarantee that monies will be collected on my behalf from tax refunds.
2. To collect support from a STATE tax refund, past due child or child and spousal support must be at least \$300.00.
3. To collect support from a FEDERAL tax refund, support arrearages owed to me must be at least \$500.00. The overdue support must be owed for a child under age 18.
4. If I ever received ADC, I assigned to the state rights to support due me while on assistance. Overdue support may still be owed to the state to repay past ADC arrearages. I understand that any tax refunds that are intercepted will be applied to ADC arrearages before any collection is sent to me.
5. I understand that the payer may also owe other debts to the state or federal government. Those debts will be paid from tax refunds first. Any remaining portion of the payer's tax refund may be paid to me.
6. The Friend of the Court may hold support collected from federal joint tax refunds for six months before sending the money to me. This provides payer's new spouse an opportunity to file for his/her share of the tax refund.
7. I understand that I am personally liable for the return of any amounts received by me which were paid in error, including any amounts which must be returned due to filing of an amended return by the payer's spouse.

REQUEST FOR TAX REFUND OFFSETS

A. RECIPIENT INFORMATION		
1. Your name	2. Home telephone no.	3. Social security no.
4. Current address	CityState Zip	
5. Employer	6. Work telephone no.	
7. Have you ever received ADC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? When?		

B. PAYER INFORMATION		
1. Payer's name	2. Home telephone no.	3. Social security no.
4. Current address	CityState	Zip
5. Employer	6. Work telephone no.	7. Is the payer married? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. CHILDREN INFORMATION	
NAMES	DATES OF BIRTH

ACKNOWLEDGMENT

I request Title IV-D child support services including collection of past due support from the payer's tax refund. I understand and agree to all of the conditions specified in this notice. The information on this form about myself, the payer, and the child(ren) is true and correct to the best of my knowledge.

This request is for ☐ annual offset. (a new offset request must be completed each year).
☐ ongoing offset. (the request remains in effect until termination is requested, the account is paid in full, or the arrearage falls below an established cutoff level).

Date _____

Signature _____